

Edward Francis Meagher, Chairman, VistA Modernization Committee of the American Council for Technology Industry Advisory Council and Vice President Healthcare Strategy CSC

STATEMENT OF

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BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

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Aloha Chairman Akaka, Ranking Member Burr, and Members of the Committee:

I am honored to be here and I thank you for the opportunity to appear before you today to discuss the findings of the Industry Advisory Council's report, "VistA Modernization Report; Legacy to Leadership" and as you requested to provide my views on current successes and failures in VA-IT and recommendations for success in the future. While discussing the VistA Modernization Report I will be representing the Industry Advisory Council. However, while discussing any other issue I will be representing myself only. ACT-IAC is a unique non-profit, public-private partnership dedicated to advancing the business of government through the application of technology. The agenda is government driven. ACT-IAC provides an ethical forum for collaboration where government and industry can create solutions to the most pressing government IT issues and challenges. That forum is objective and vendor and technology neutral. ACT-IAC also provides education and training to build essential knowledge and skills for government and industry professionals who want to serve the IT community. The greatest value of ACT-IAC is in its ability to deliver strategic insight and actionable solutions to advance government's ability to serve citizens and the nation. Participation in the organization is open to any member of the government IT community – government or private sector – who shares our commitment to advancing the business of government.

In September 2009, VA's Assistant Secretary for Information and Technology, Roger Baker asked IAC, "to assess the issues, challenges, and opportunities associated with modernizing the current legacy VistA system and make recommendations to address these issues and challenges and take advantage of the opportunities presented. IAC formed a committee of senior executives representing 42 of its over 500 member companies and I was asked to chair this committee. We began a process of first educating ourselves about the issues involved in modernizing a large, mission critical legacy system and then specifically looking at the current state of VA's legacy VistA system. We looked at 24 alternative approaches to modernization and after narrowing those to 6 approaches we examined those 6 in greater detail. In addition to the alternatives subcommittee we created subcommittees to explore and analyze options concerning architecture, implementation models and extensions, deployment models, governance, opportunities and impacts, terms and definitions and finally reports and presentations. We estimate that over 7000 man hours over a six month period went into the preparation and development of this report. The committee operated on a consensus based model and we are all very proud of the fact that the final report was unanimously endorsed by all members of the committee. Our recommendations can be summarized as two high level strategic recommendations and seven specific, actionable

recommendations that describe programmatic next steps to implement our strategic recommendations. We believe we successfully negotiated a middle path such that our recommendations are not overly prescriptive nor are they well intended generalizations. We believe we have recommended a sound, realistic approach that while challenging has a high probability of success and the potential to reaffirm the VA's position as the preeminent leader in health information systems and electronic health records.

The two high level strategic recommendations are:

1. The working group recommends that the VA commit to and announce a plan to move to an open source, open standards model for the reengineering of the next generation of VistA (VistA 2.0). This action should be a strategic policy for the VA.
2. The working group recommends that the current VistA application be placed on an aggressive program of stabilization, with limited tactical upgrades and enhancements driven only by patient safety and other mandated requirements

If implemented these recommendations would put the VA on a clear path to a future state where the next generation of VistA would be developed and deployed in a comprehensive, state of the art ecosystem that is more easily, robustly, and cost effectively maintained; that allows for growth and change; that encourages innovation; that promotes collaboration and interoperability; and most importantly facilitates the delivery of the most advanced healthcare possible to the most deserving of populations, our nations veterans.

The working group then made four specific recommendations that the VA reach out to Federally Funded Research and Development Centers (FFRDC) to tap into their skills and knowledge based resources to rapidly design and build a working model of the core ecosystem and to identify and validate the best model for the governance and business operation of the Open Source organization that will operate this ecosystem. Finally an FFRDC should be used to provide the functional decomposition of the current VistA Application Suite to deliver state of the art:

- o functional and design specifications of current application functionality
- o functional and design specifications for required application functionality
- o functional and design specifications for additional application functionality

Finally, we made three additional recommendations as to how the VA should acquire the functionality in the new ecosystem and manage the transition between legacy VistA and the new, Open source based VistA 2.0. I would ask that the committee include the entire ACT/IAC Vista Modernization Report as part of my testimony.

Speaking for myself, as a former VA Acting Assistant Secretary and Acting CIO and Deputy Assistant Secretary and Deputy CIO as well as the VA's former Chief Technology Officer over a six year period I would offer this personal assessment of the current VA-IT environment. The centralization of all IT functions, funding, and personnel under the leadership of the CIO was and remains critical to the long term success of IT at the VA. And while the transition from decentralized to centralized management may not have been handled in the wisest, most

thoughtful manner in the past I believe most of the oversights and the heavy handed approaches to operating within a centralized management model have been addressed by Assistant Secretary Baker and his team. He has instituted a customer service orientation that puts the needs and requirements of the veteran and the VA employee serving the veteran first and foremost. It is important to continue to support this centralized model. Next, while there are literally dozens of high priority IT requirements that need to be addressed I believe it is critical that two of them be assigned the highest priority and critical resources, funding, and focus be applied to them first and continuously. They are the modernization of VistA and the movement of all benefit claims processing to an all digital, fully computable system with the expeditious phasing out of paper based records and the minimalization of the use of the imaging of paper to only those situations where a digital, computable representation is not possible. The successful prosecution of these two programs will yield the greatest improvements to VA healthcare and benefits delivery that will allow the VA to deliver on Secretary Shinseki's promise to transform the VA into a 21st century organization. Finally, I believe there must be a practical, over arching vision established that describes how all of this comes together and the long discussed but not yet realized goal of "One VA" becomes a reality. This will require the setting aside of traditional boundaries between VA healthcare and benefits delivery, between VA and DOD, and ultimately between VA and all of the other public and private sector entities that provide or could provide our veterans with the best care possible. The modernization of VistA along the lines our report recommends and the commitment to finally build and operate an all digital, all computable benefits administration system are critical, essential steps to achieving what we all want, a veteran centric VA capable of delivering on our nations sacred commitment to "care for him who shall have borne the battle and for his widow and his orphan."